


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # S31434<br>1. Entity Name<br>HSC OF BOCA RATON, INC. |  |
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|---|---|
| Principal Place of Business<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243 US | Mailing Address<br>P.O. BOX 380546<br>BIRMINGHAM, AL 35238 US |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip   | Country                                   |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>CT CORPORATION SYSTEM<br>1200 SO. PINE ISLAND RD.<br>PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|--|--|

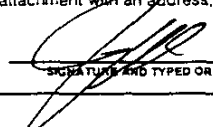
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reestablishing)  
Signature, typed or printed name of registered agent and title if applicable. DATE

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|---|---|--|
| <p><b>FILE NOW!!! FEE IS \$150.00</b><br/><b>After May 1, 2006 Fee will be \$550.00</b></p> | <p>9. Election Campaign Financing<br/>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May be Added to Fees</p> | <p>2006075649312<br/>06/01/06--01039--001 **26900.00</p> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCD<br>GRINNEY, JAY<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SNOW, MICHAEL D<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>DEMARAY, C DREW<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>Diane Munson<br>One Healthsouth Parkway<br>Birmingham AL 35243 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>WORKMAN, JOHN<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>DOODY, GREGORY L<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>MENKE, BRIAN M<br>ONE HEALTHSOUTH PKWY.<br>BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
06 MAY 16 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04282006 Chg-P CR2E034 (11/05) 06

